Grahame James POHLEN

MB ChB (Otago) 1966, DPM (Lond) 1972, MRCPsych (Lond) 1973, MSc (Lond) 1975, MRANZCP 1977, MFPHM (Irel) 1978, MCCM (NZ) 1980, FRANZCP 1982, MRACMA 1994, FAFPHM 1994, FFPHM (Irel) 1995, FRCPsych (Lond) 1997, DLSHTM (Lond) 1998, MACLM 2002, LLB (Cameron Stewart Distinction, Macquarie Sydney) 2004, FACLM 2015, FFFP 2015.[1]

Born Hastings New Zealand 17 February 1942.

Educated at Karori School, Wellington College and Victoria, Otago, London, Macquarie and Northumbria Universities.

Represented Wellington, Otago and New Zealand Universities in basketball.

Represented Wellington, Otago, Southland, King Country, Auckland, New Zealand Universities and South Island in rugby.

Final All Black Trialist 1966, 1968. Declined invitation from Ivan Vodanovich, NZRFU chairman of selectors, to tour South Africa with the 1970 All Blacks.

Commonwealth Medical Scholar and Kathleen Todd Psychiatry Scholar (1971 to 1974).

Kew Hospital Invercargill house surgeon (with John Hiddlestone, March 1967 to December 1968).

Greenlane Hospital Auckland registrar in pathology (January 1969 to December 1969).

Wellington Hospital registrar in psychiatry (with Gilmour McLachlan, December 1969 to March 1971).

Maudsley and Warlingham Park Hospitals London registrar in psychiatry (April 1971 to August 1973).

University of London Institute of Psychiatry and Schools of Hygiene and Economics registrar in clinical and epidemiological sciences (with John Wing and Iain Chalmers, September 1973 to October 1975).

Wellington Hospital consultant psychiatrist (with Gilmour McLachlan, October 1974 to December 1978).

Macquarie Hospital Sydney director of medical services (February 1979 to March 1983).

Gosford Hospital Sydney director of psychiatric services (April 1983 to June 1985).

Independent private consultant in international military psychiatry at Circular Quay Sydney (1985 to 2018).

Retired to Waikanae, New Zealand, 11 November 2018, Remembrance Day.

<https://web.archive.org/web/20250205225724/https://www.ccdhb.org.nz/about-us/history/wellington-hospital-smo-archive/appointments-made/1961-1980/medicine-related-specialties/psychiatry/pohlen-grahame-j/> (Valid Wellington Hospital Access).

[1] All images in this summary personal biopic are acknowledged through internet captions or text references.

<https://nzhistory.govt.nz/media/photo/simpson-and-his-donkey-gallipoli-painting>

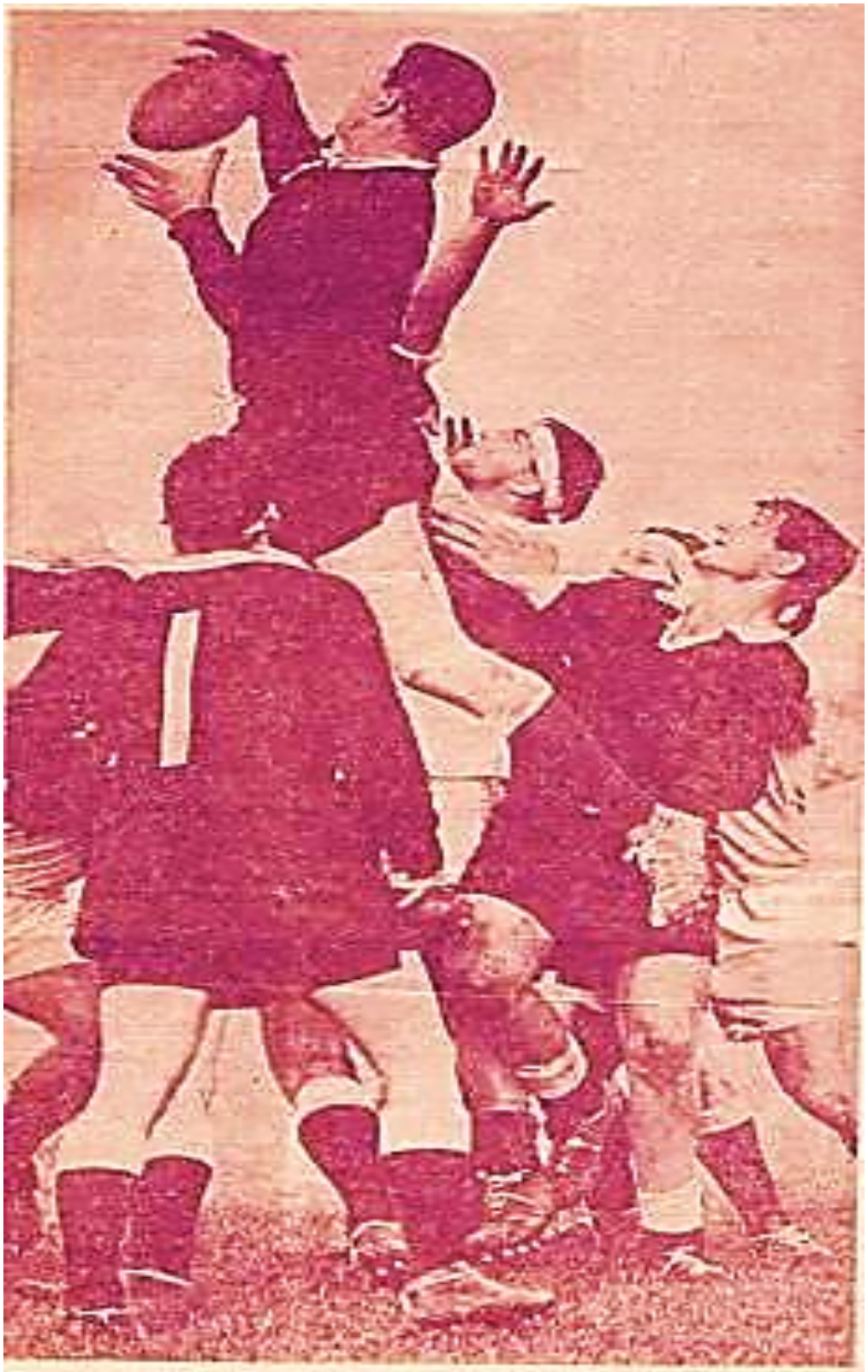
Moore-Jones' representation of Kiwi stretcher bearer Dick Henderson MM and his ANZAC donkey Murphy as the quintessential Australian, Private Johnson DCM, in the Valley of Death in 1915.

University of Otago, New Zealand, founded 1879 <flickr.com/photos/79641633@N00/50735342>.

'Pohlen v Du Preez', Carisbrook, Dunedin, Otago 6 - South Africa 8, 1965 (from *The Rugby News*, Saturday 25 September 1965, *at 7).* Frik Du Preez rivalled Colin Meads' legendary All Black status as the greatest lineout forward and Springbok athlete in the history of the South African Rugby Union.

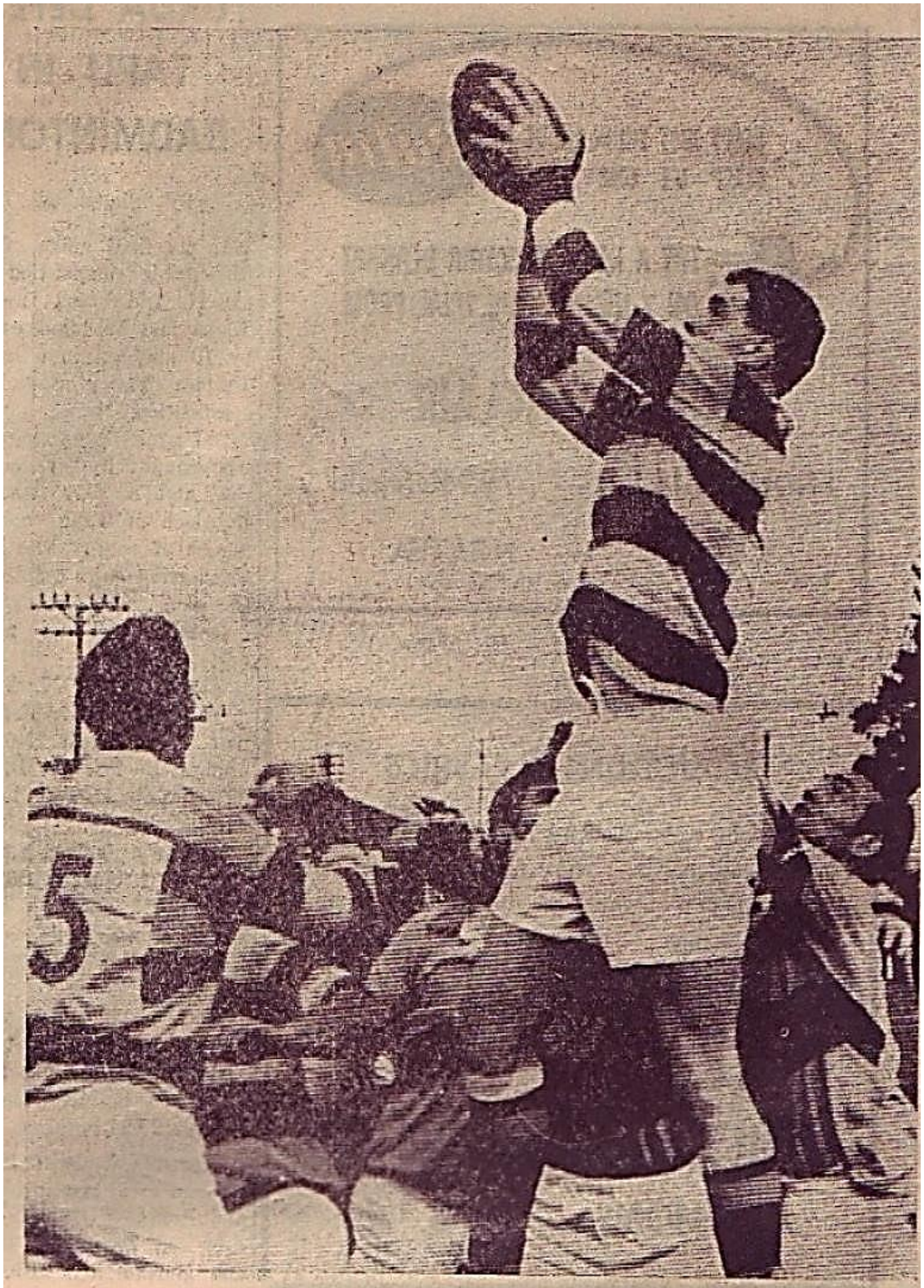
A typical scene from Saturday's main Rugby trial in Wellington — 6ft 7½in Graham Pohlen (black jersey) and Sam Strahan locked in a tussle following a lineout, although Kel Tremain (rear) has eyes only for the ball.

The Dominion 1968.



Otago's Graham Pohlen makes a tremendous leap to get possession in a line-out during the South Island Rugby trials at Timaru on Wednesday. Pohlen's mighty line-out jumping for the Probables was as good as any seen in the South Island for years. In the front of the line-out is the Canterbury prop, John Baird. At right is the Marlborough lock, Alan Sutherland. Probables won, 18-14.

The Dominion 1966.



THE GIANT King Country lock forward, G. J. Pohlen (6ft 7in.) easily out-jumps the rest of the lineout to secure the ball in two hands during the King Country-Thames Valley match at Te Aroha on Wednesday. He made many of these clean takes during the match which was won 11 points to 3 by King Country.

Waitomo News with Colin Meads (5) and Pohlen 1968.

<http://www.nzherald.co.nz/sport/news/article.cfm?c_id=4&objectid=11907876>.

Sir Colin Meads, greatest All Black of the amateur era, at the peak of his powers in South Africa, 1970.

GRAHAME JAMES POHLEN

FRANZCP FRCPsych FAFPHM FFPHM FACLM FFFP MRACMA

Farewell to our Colossus, Sir Colin Meads

Sir Colin Meads has passed away at Te Kuiti.[2] Our immortal 'Pinetree', acknowledged as the pre-eminent rugby warlord of any era, invited me to his home in the Land of the Maori Kings after the 1966 All Black Rugby Trials. I was to join the Waitete scrum with Meads, his gentleman All Black brother, Stanley, and the fierce Maori All Blacks of their day. The definitive challenge of chivalrous doom had been put by the Primeval Dark Enforcer! No New Zealander beyond the sacred Maori Kingdom had been so honoured. None has been since. The deed was done in 1968. John Hiddlestone, indomitable New Zealand physician, found a medical post for me at Te Awamutu. My introduction to the heartland began, and I was thrown upon life's great adventure. Here, in the home of the Ngati Tainui and Te Arawa, was the sacred Tapu, deed of foundation of the Maori world.

Here was Ngatoro-i-rangi and 'The Coming of Fire'. Here, too, were the fearless warriors, Te Kooti, Te Rangihaeata, Tawhiao, Te Wherowhero and Te Rauparaha. And here was Hinemoa, the love of Tutanekai. So, it fell to me as a young doctor to join my illustrious Te Kuiti companions. Together, we journeyed through their Kingdom's provincial, national and international rugby battles of that remarkable season of '68. The Brothers Meads would tumble into the back seat of my never-to-be-forgotten scarlet Zephyr. Cressy, the Maori All Black half, would squeeze into the front with my minder, McQuilkin. In silence, we would wind our way through the forested firmament to the game. Hardened roadmen, alerted by some secret signal, would hasten to each road's edge at every pause. At once, their caps were yielded in homaged fealty to the redoubtable Brothers Meads. Never was such duty witnessed, nor love so fierce given. Time raced. Bonds formed. Trust surfaced. Loyalties emerged. And Sir Colin Meads' fearless world of indestructible determination unfolded.

At times, the dark foreboding monstrous power of Meads, our Warlord, Tukaitaua, would sense the presence of another self along a distant, hazy, swirling rural highway. Far ahead at a forest's edge, the spirit of Te Rauparaha would loom, barefoot and resplendent in blood-red Kingdom blazer. In a hail of reverend silence, we would close upon Pinetree's bow-legged, bare-footed, mighty Maori All Black prop, Taupiri Paiaka, Te Rauparaha's mere at his hand, taiaha readied for war! Paiaka's shouldered gear, his knee-rolled strides, his shirt and tie enmeshed in wounded innocence, declared his lonely world's intention. The Brothers Meads would cede their troth. Thus, these three merged into one! They and Symonds, Wordley, McQuilkin, Cressy, Ingham, Nielsen too, were milled in fire and steeped in iced devotion. Toil's pain wet their stone. Darkness was their light. Theirs were days of battle's chant, of courage deep, and country's faithed commitment. Words were rarely spoken. Blood silence was our song. And dreams of life and fate and destiny drove us ever onward ...

Here were New Zealand's legend Kings, God's brother-hooded warriors, all-seeing, and yet unsung. Their mortal doom's Valhalla, their singular beginning, Rangiatea, and all their founded fiefdom's trust, were vested into one, that Pinetree Colin Meads, Torment's Dark Defender, Commander of the Force, L'Empereu de Feu, Tukaitaua! In time, our battles' moments turned to dust. And so, the farewells faded. Soon, a clear bright light revealed our journey's way ahead. Our creed was thus: *'Kotahi te Kohao O te ngira e kuhuna ai te miro ma te miro pango, te mito whero. I muri, kia mau kit e ture, me te whakapono'.* There is but one eye in the needle through which all threads must pass. After I am gone, hold fast to the love, to the law, and to the faith.

Amen ...

Grahame Pohlen,
King Country Rugby Union Representative 1968,
20th August 2017.

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[2] The Guardian, Australian edition <https://www.theguardian.com/sport/2017/aug/21/sir-colin-meads-obituary> (22 August 2017).

<https://www.pinterest.com.au/pin/468022586246403574/>.

Professor Phillip Stricker performed a robot-assisted endoscopic multi-ported bilateral neurovascular bundle-sparing intra-fascial radical prostatectomy on Grahame Pohlen at St Vincent's Private Hospital in Sydney on Friday, 31st January 2009. A large prostate weighing 101 grams was removed with complete containment of a multifocal adenocarcinoma, a Gleason score of 6, and no extra-prostatic or lymph node involvement. Pohlen resumed his clinical work three days later. Sydney's Botanical Gardens walks (above) provided compelling post-operative support during his recuperation. He had previously recovered from six days of temporary total paralysis from the waist down during New Zealand's polio epidemic of 1948. And he had survived a life-changing viral heart infection that prevented him from playing rugby from 1959 to 1964.

<https://en.wikipedia.org/wiki/Hygieia>.

Gustav Klimt’s ancient Greek goddess of health, cleanliness, and sanitation, Hygeia, 1907.

<https://insightplus.mja.com.au/2023/14/anzac-day-remembering-the-bangka-island-massacre/>.

Australian Lieutenant-Colonel Nurse Vivian Bullwinkel (*SS Vyner Brooke* Banka Island massacre 1942).

<https://anzacportal.dva.gov.au/resources/media/image/awm-art28160>.

'Teddy' Sheean was born on 28th December 1923 at Barrington, Tasmania. He entered the *RAN* on 21st April 1941. In June 1942 he was posted as an ordinary seaman to the corvette *HMAS Armidale*. On 29th November, the *Armidale* sailed to support Allied troops and evacuate civilians from the Japanese-occupied island of Timor. At mid-afternoon on 1st December, *Armidale* was attacked by ten enemy aircraft. Struck in its port side by torpedos, *Armidale* immediately began to sink, and the order to abandon ship followed. Sheean was helping to launch a boat to aid escape when he saw his men in the water being strafed by enemy planes. He returned to his post at the aft anti-aircraft gun, strapped himself in, and began firing at the attacking planes. Severely wounded, aged 19, he was still at his post attempting to protect men in the sea when his ship disappeared into the ocean. In 2020, seventy-eight years later, he was posthumously awarded the *Victoria Cross* for Australia.

<https://www.awm.gov.au/collection/C225702>
<https://vcgca.org/our-people/profile/1813/Jonathan-ROGERS>.

Chief Petty Officer Coxswain Jonathon "Buck" Rogers GC, DSO, of the destroyer *HMAS Voyager* was one of 82 men who died when *Voyager* collided with the light aircraft carrier *HMAS Melbourne* at 8.56pm on 10 February 1964, 37 km south-east of Jervis Bay NSW, in Australia's greatest peacetime maritime disaster. The *Voyage*r was cut in two. Rogers calmed his terrified shipmates, attempted to control the flooding, tried to free a jammed escape hatch, then organized his men to safe escape hatches elsewhere. He knew that he was too large to fit through an escape hatch himself. And when it became obvious that some of his comrades would not escape, he calmed them, then he led them in prayer and with a hymn, 'encouraging them to meet death' beside him 'with dignity an honour'.

<https://www.npg.org.uk/collections/search/portrait/mw53087/Sir-John-Monash>
<https://www.awm.gov.au/collection/C177228>.

Lieutenant-General Sir John Monash, Australian Corps, was the first commander to be knighted *on the battlefield* by a British monarch in 200 years on 12th August 1918 after victories at Hamel and Amiens. Monash is acknowledged as one of the very great Australians. He was a brilliant field commander who introduced the coordinated use of infantry, aircraft, artillery, tanks and supplies. This shortened the course of the First World War. He led 208,000 men including 50,000 Americans when planning the allied attack on the Hindenburg Line which won the Great War. He was a brilliant tactician and a meticulous planner who held conferences with his officers before operations to generate ideas, to elucidate problems and to ensure that all involved were fully versed and familiar with the battle plan.

<https://en.wikipedia.org/wiki/Bernard_Freyberg,_1st_Baron_Freyberg>.

The fearless New Zealander, Lieutenant-General Lord Bernard (Tiny) Freyberg VC, DSO & Three Bars in conference with renowned wartime poet Rupert Brooke ("The Soldier") at Lemnos, Greece, 1915. Winston Churchill called Freyberg "The Salamander" because of his ability to survive fire unharmed.

<www.armymuseum.co.nz/voices-of-the-past/charles-upham-new-zealands-greatest-war-hero/>.

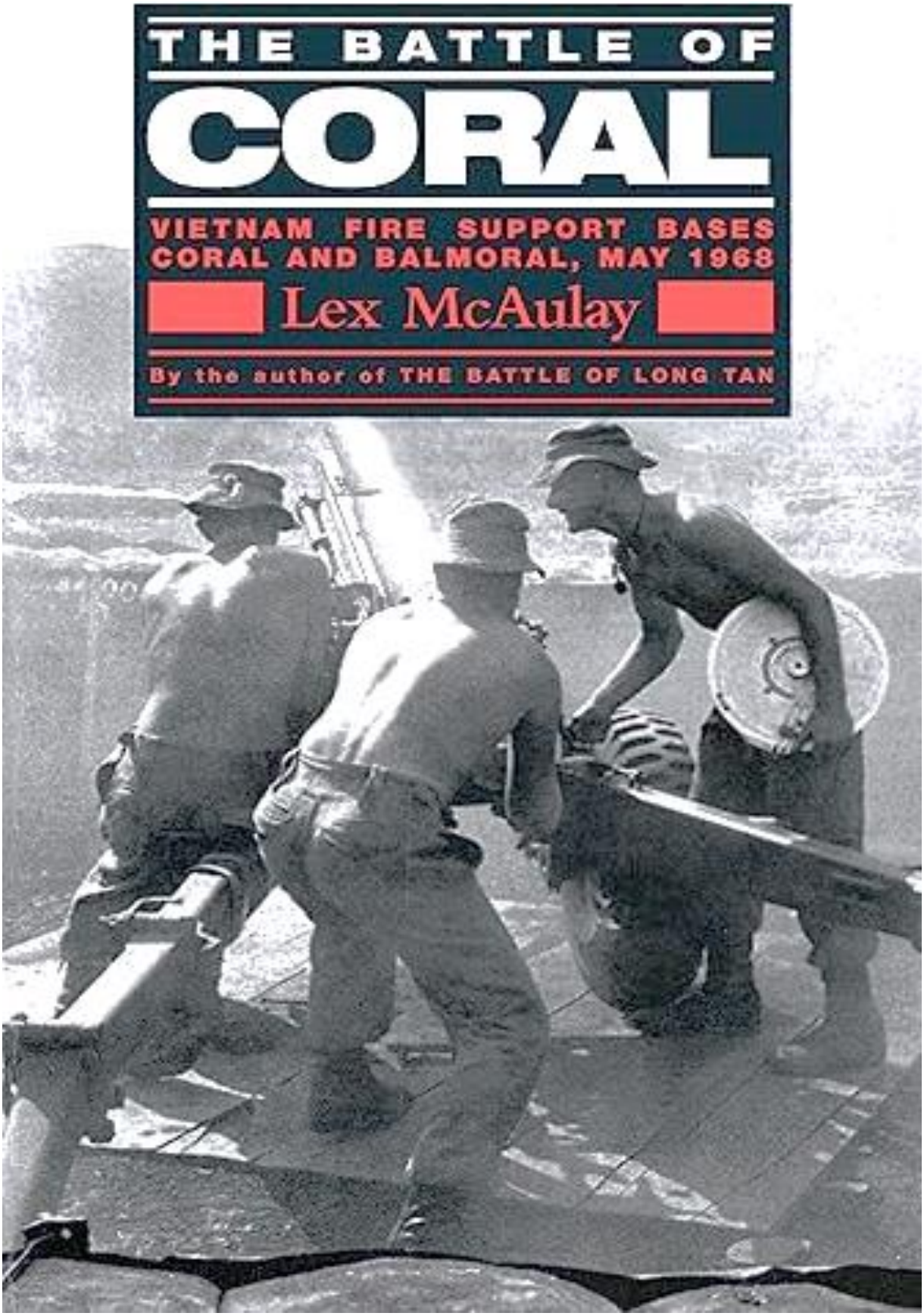
Kiwi Charles Hazlitt Upham, VC 1941 and Bar 1942. When King George VI granted Upham's second VC he asked his commanding officer, Major-General Sir Howard Kippenberger, "Does he deserve it?" Kippenberger replied, "In my respectful opinion, Sir, Upham won this VC several times over."

<https://en.wikipedia.org/wiki/Keith_Park>.

New Zealand's Air Chief Marshall Sir Keith Park, MC & Bar. After WW II, the RAF Chief said, "If any one man won the Battle of Britain, he did. I don't believe it is recognised how much this one man, with his leadership, his calm judgment and his skill did to save not only this country, but the world."

<https://www.aucklandmuseum.com/war-memorial/online-cenotaph/features/anzacconquerors>

“Lest we forget – lest we forget!” (Refrain from Rudyard Kipling’s iconic 1897 poem, “Recessional”).

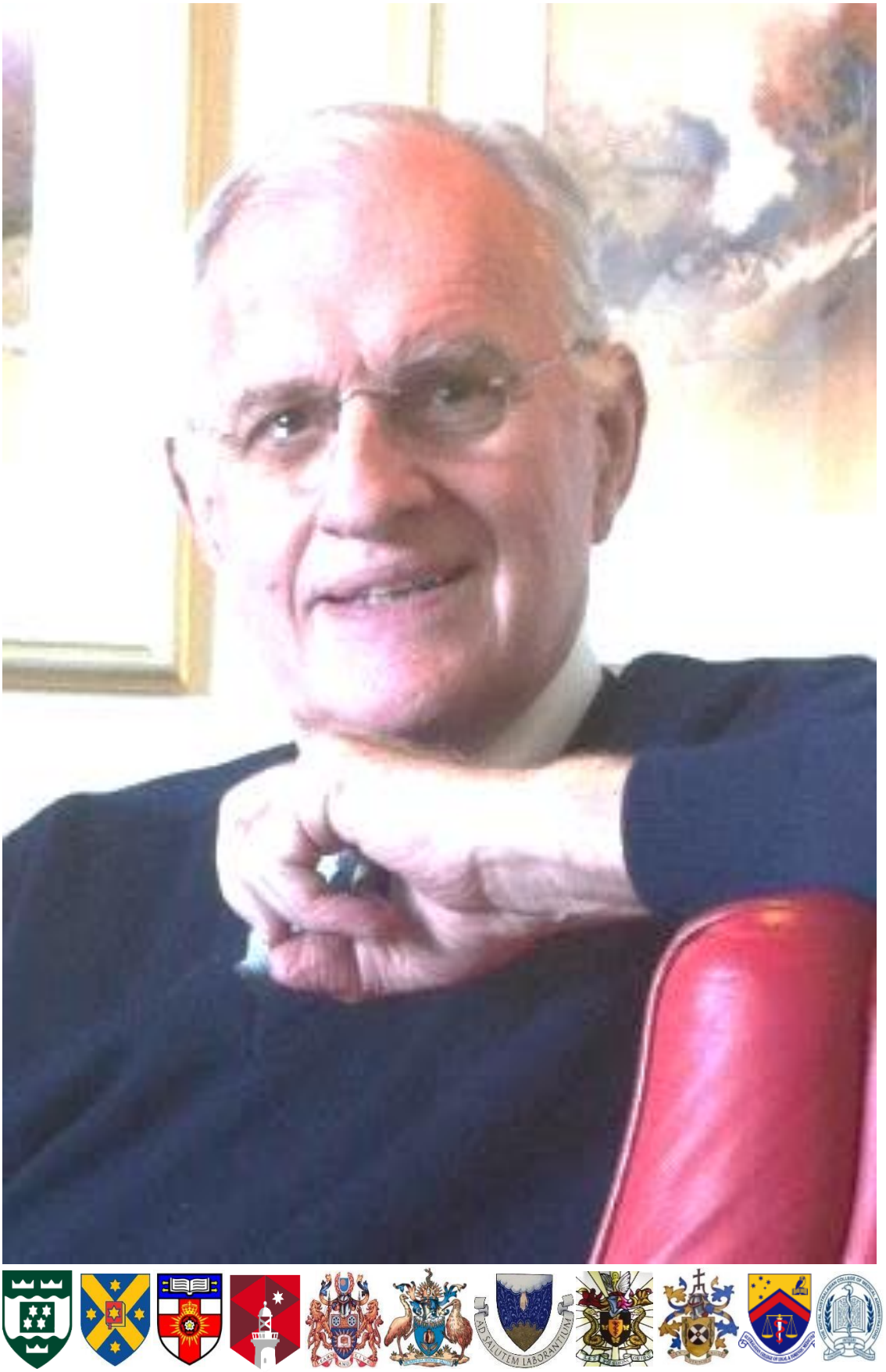

THE BATTLE OF
CORAL
VIETNAM FIRE SUPPORT BASES
CORAL AND BALMORAL, MAY 1968
Lex McAulay
By the author of THE BATTLE OF LONG TAN

<https://archive.org/details/battleofcoralvie0000mcau>
<https://en.wikipedia.org/wiki/The_Vietnam_War_(TV_series)>.

Van Gogh, *At Eternity's Gate*, 1890, Kröller-Müller Museum (with German-rejected NZ POW letters for Gunner George Lawrence Watkins Pohlen, 2NZEF POW, Stalag XVII-A, Wolfsberg, Austria, WWII).

Mrs Marie Louise Pohlen (Sister Marie Mayo-Clark) FRCNA Sydney 2000.

The Pohlen Clinical Team with our official War Veterans' Companion Guide Dog, Johnson, 2012.



Grahame Pohlen with his university, medical, legal and collegial coats of arms 2018.

CORRESPONDENCE

Antidepressant effects of electroconvulsive therapy
G J Pohlen, FRANZCP 1970
Statistical assessment of papers submitted to the "British Medical Journal"
R S Jones, FRCP 1971
New drugs: modern diuretic treatment
A Rozkovec, MRCP, and A J Marshall, MD; D Jackson, MB; R W S Brooks, MRCP, and A E S Ritch, MRCP 1971
New drugs: beta blockers and sympathomimetics
J Feely, MD, and D Maclean, FRCP 1972
Low dose thiazide combined with a beta blocker
G A C Grell, FRCP 1972
Informed consent
R J Simes, MD, and M H N Tattersall, FRACP; A Grant, MRCOG, and I Chalmers, MRCOG 1972
Antivivisection
Judith E Hampson, PHD; S Britten, MRCPSYCH; H B Hewitt, MD 1973
The needle necropsy
E W Benbow, MB; M S Kearney, MD 1974
Use of cephalexin to treat glandular fever
P J Williamson, MB, and P M Hawkey, MD; J Lakic, LRCP; P M Elwin, MB 1974
One man's burden
M O'Donnell, MB 1975
Clinical and biochemical manifestations of digoxin toxicity
C M Byatt, MB; M Sonnenblick, MD, and others 1975
Digitalis intoxication
M G Thorne, FRCP, and C E Bowman, MRCP 1975
Spontaneous abortions in hospital sterilising staff
Jane E Gordon, PHD, and T J Meinhardt, MSPH; Susan G Austin, DSC; K Hemminki, MD, and others 1976
Recurrent oesophageal stricture due to tuberculosis
J P Milnes, MRCP, and G K T Holmes, MD 1977
Should children with Down's syndrome be advised not to use trampolines?
J Wilson, FRCP 1977
Studies comparing methods of measuring blood pressure
E C Coles, MFCM, and R G Newcombe, PHD 1977
Effect of environment on blood pressure
K A Cleur, MRCP; M A Young, MRCP ... 1978
Should homosexuals be vaccinated against hepatitis B virus?
M R Hamilton-Farrell, MRCP; J J Jones, MFCM 1978
Identical twins with identical vesicoureteric reflux
C G Winearls, MRCP, and C R K Hind, MRCP 1978
Treatment of angina pectoris with nifedipine
J R Idle, PHD, and P S Sever, MRCP 1978
Infant chlamydial pneumonia
J F Price, MRCP, and P Morgan-Capner, MRCPATH 1979
Michelin woman in Nepal
Ann B Sandison, MB 1979
The MRCGP examination and accident and emergency departments
O Ahmed, MB 1979
Points Hours half on call? (P Cartwright); Therapeutic abortion and chlamydial infection (H Wagman, and S Sellappah); Treatment of bacterial meningitis (C H Dash); 1979
Effect of doxapram on heavy sedation produced by intravenous diazepam (G Scollo-Lavizzari); Hypothyroidism presenting with hyperprolactinaemia (F Mills); Tuberculosis in unvaccinated children, adolescents, and young adults (D K Stevenson); Do Americans have athlete's foot? (Rosemary E Taylor); Missed jaundice in black infants (S Ghosh); New drugs: antiarrhythmic drugs (H Yarrow); Successful treatment of herpes labialis with topical acyclovir (B E Juel-Jensen); Galactorrhoea as a side effect of domperidone (K J Van Acker); What is the best way to replace your anal sphincter? (E M Barker) 1980

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Antidepressant effects of electroconvulsive therapy

SIR,—Dr J F W Deakin's review of recent research into the antidepressant effects of electroconvulsive therapy (2 April, p 1083) and the comments by Dr C L Katona and Dr C R Aldridge (30 April, p 1443) focus attention on the roles of high energy stimulation and seizure duration in treatment effectiveness. These factors may help to explain the experience of psychiatrists who have found bilateral electrode placement more effective than unilateral electrode placement.[1,2]

Bilateral treatment has been strongly criticised on clinical grounds.[3] Psychiatrists who use it have been accused of poor clinical practice and ignorance[4] and a lack of awareness of current research findings.[5] These are unlikely explanations for the use of bilateral electrodes in three of the four recent studies of depression, in which real and simulated electroconvulsive therapy were compared and in the work of Robin and de Tissera reviewed by Dr Deakin. This condemnation was precipitated by a report to the Royal College of Psychiatrists, which concluded: "In neither depression nor schizophrenia is there a significant difference between the results of unilateral and bilateral electroconvulsive therapy."[2]

The college report classified the outcomes of unilateral and bilateral electroconvulsive therapy agreed by both doctor and patient as good (defined as "great improvement"), fair ("moderate improvement"), poor ("little or no improvement") and worse. The table shows the results for depression given in table 18 of the report (percentages in parentheses). The proportion of good results with bilateral electroconvulsive therapy was significantly higher than with unilateral ($\chi^2 = 6{\cdot}37$, df = 1, $p < 0{\cdot}02$). The difference between all classes of outcome was also significant, though it was dominated by fair results which were proportionally higher with unilateral ($\chi^2 = 8{\cdot}64$, df = 3, $p < 0{\cdot}05$). Under the conditions studied bilateral electroconvulsive therapy was a significantly more effective treatment for depression than unilateral electroconvulsive therapy. The results for schizophrenia given in the report were similar in distribution but the numbers were much lower and differences of statistical significance were not given.

The authors of the report avoided these two variations of the chi square test (which were used to show other statistical differences) and failed to provide an alternative test of significance to support their conclusion. Apparently the good and fair results were classed together on the basis that they indicated some degree of recovery after electroconvulsive therapy. This approach is not acceptable for three reasons. Firstly, "great improvements" in psychiatric illness (which were classed as good in the report) tend to be outstanding and readily recognisable whereas "moderate improvements" (fair) are less clearly identified; indeed all of the 1066 results classed as good for depression were agreed by doctor and patient, but a third of the 672 classed as fair were not. Secondly, the necessarily crude assessment of "moderate improvement" in the report fails to meet adequate standards of scientific reliability. Thirdly, the proportion of fair results (33% for unilateral and 25% for bilateral) is comparable with the proportion of depressed patients that has responded to placebo effects elsewhere,[6] responses that did not escape Dr Deakin's review.

Results of electroconvulsive therapy in patients with depression

	Good No (%)	Fair No (%)	Poor No (%)	Worse No (%)	Total No
Unilateral	207 (58)	117 (33)	31 (9)	1 (1)	356
Bilateral	827 (65)	320 (25)	110 (9)	7 (1)	1264

Papers in the *BMJ* continue to emphasise the care that should be taken in assessing the use and meaning of statistical tests in medical research (7 May, p 1485).[7] The same care should be taken in considering the conclusion in the college report about the effectiveness of electrode placements in electroconvulsive therapy. That conclusion is statistically unsound and clinically misleading.

G J POHLEN

Macquarie Hospital, Sydney,
New South Wales 2113,
Australia

1 American Psychiatric Association Task Force. Electroconvulsive therapy. Report 14. Washington: American Psychiatric Association 1978:200.
2 Pippard J, Ellam L. Electroconvulsive treatment in Great Britain 1980. London: Gaskell (Royal College of Psychiatrists) 1981:162.
3 Kiloh LG. Electroconvulsive therapy. In: Paykel ES, ed. *Handbook of affective disorders*. Edinburgh: Churchill Livingstone 1982:262-75.
4 Anonymous. ECT in Britain: a shameful state of affairs. *Lancet* 1981;ii:1207-8.
5 Carson JA, Findlay ES, Grigor JMG. Electroconvulsive therapy. A Victorian surgey. *Aust Clin Rev* 1983 March: 16-9.
6 Greenblatt M, Grosser GH, Wechsler H. Differential response of hospitalised depressed patients to somatic therapy. *Am J Psychiatry* 1964;120:935-43.
7 Gore MS, Altman DG. *Statistics in practice*. London: British Medical Association 1982;100.

A rare and remarkable correction of elite Royal College and University of Cambridge referees.

WELLINGTON HOSPITAL

Address communications to official title appearing below:

Private Bag,
Wellington Hospital.

Please quote reference

Riddiford Street,
Newtown, Wellington, 2.

Telephone 59-846

Psychiatric Unit
16 January 1976

TO WHOM IT MAY CONCERN

DR. GRAHAME JAMES POHLEN

Dr. Pohlen has asked me to provide him with a testimonial at this time because I am relinquishing control in the Department where he has been a valued colleague and senior consultant in Psychiatry working with me.

Dr. Pohlen first came to me as a registrar in Psychiatry early in 1969. Prior to that he had worked in general hospitals in Invercargill and Auckland, in the Department of Pathology in Auckland, and for a time at the Tokanui Mental Hospital at Te Awamutu. In all of these he had distinguished himself by solid hard work and efficiency, and was regarded as a valuable member of staff. He had been a keen sportsman and had distinguished himself especially in rugby where he had represented several provinces and was an All Black trialist. He represented New Zealand Universities in indoor basketball and played first class club cricket. He was widely known throughout New Zealand for his rugby prowess and was highly regarded as a top sportsman. At the time he joined my staff however, he had come to realise that this sporting background was interfering with his professional career and at that time he made a major decision to give up his representative sports activities and devote himself to a career in Psychiatry.

I realised his potential and encouraged him in this decision as much as I could and it has been a matter of great pleasure to me to see how his career has evolved. He worked in the Department of Psychiatry here as a registrar for almost two years and during that time he gave of himself unstintingly for the benefit of patients. Even at that early stage, he was a particularly valuable colleague who quickly gained a wide knowledge and experience, developed sound clinical judgement and showed much initiative in individual research projects. At that time his study of the drug problem in our wards led to the production of a clinical documentary film of very high standard which has been shown to medical audiences in many parts of this country and received wide acclaim. It was arranged for Dr. Pohler to leave us early in 1971 to go to the United Kingdom for further training and experience, and I know from continuing contact with his teachers and senior colleagues there that he made an impact as a young man of much more than average ability, of great dedication to his work and of intense drive in it's performance. All of this was accompanied by great interest and compassion for his patients who invariably reacted favourably to his warm personality and as lay people

New Zealand professional evaluation before the invitation to move to Australia in 1979 (a).

recognised in him a doctor whose interest, skills and attention were unswervingly directed towards their recovery and welfare. When later I visited the United Kingdom myself and spoke with his teachers, spontaneous comment to this effect was notable.

While in England Dr. Pohlen completed the requirements for Diploma in Psychological Medicine and for membership of the Royal College of Psychiatry, England, and then spent a year working and studying for the M.Sc. in Social Medicine of London University, under the guidence of Professors Logan and Wing. Again he drew attention to himself by his research ability and diligence. He returned to my department in October 1974, working as a full time senior consultant in Psychiatry. His work in that capacity has been valuable indeed, and he has shown himself to be a popular and very able colleague. The striking thing however, was that in addition to his full time service commitment in this way, he undertook a research project evaluating the psychiatric needs of this area and the extent to which they were being fulfilled, as the necessary field project for the M.Sc. in Social Medicine, London. He returned to London late last year to present this project and I am happy to say that his work was very well received. In completing the M.Sc. in Social Medicine of London University, he is, I believe, the first New Zealander to do so and the only candidate who has completed the qualification while working full time. This in itself was recognised overseas as a memorable feat. In addition however, and to my delight, he was invited to be one of very few candidates to develop the theme of his study and present it later for a further qualification in community medicine.

I have quoted this in some detail to support my view that Dr. Pohlen is an outstanding young man in the Psychiatric field, both in the clinical and the research aspects. I have no doubt whatever that a great deal more will be heard of his work in the future and those who know him now value his friendship, his great clinical ability, his wide knowledge and perhaps most of all his humility and his dedication towards teaching others. He is a very fine person.

I have no hesitation in recommending him for appointment as a senior Psychiatric consultant where all the qualities I have indicated will, I believe, be of the greatest value to any organisation he joins.

D.G. McLachlan

D.G. McLachlan, C.B.E., M.D.,
D.P.M.(Lond.), F.A.N.Z.C.P., M.R.C. Psych. (Eng.).
Director, Department of Psychiatry.

New Zealand professional evaluation before the invitation to move to Australia in 1979 (b).

The *Gosford Garden Cottage Clinic* was designed and constructed by Grahame as both a private home and a forensic military clinic for the supportive management of war veteran patients with classifiable acute and chronic psychiatric illnesses. It was commissioned in 1988, Australia's Bicentennial Year.

The world in 2018 from our Australian balcony home in Sydney’s Circular Quay Apartments.

The world in 2018 at our forest retirement home above New Zealand’s Waikanae village.